FE7AN014

RECEIVED FEC MAIL GENTER

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

2016 JAN 29 AM 11: 49

FORM 3X	For Other Than An Aut	horized Committee	Office Us	e Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Protect The Second				
<u>L </u>				
ADDRESS (number and street)	204 W. Scarritt	1 1 1 1 1 1 1 1 1 1 1	1.	
Check if different than previously reported. (ACC)	Apringfield	4	[I ₁ L] [6 ₁ 2 ₁ 7 ₁	0 4 -
2. FEC IDENTIFICATION	NUMBER ▼ CIT	YA	STATE ▲	ZIP CODE A
C C00589960	1	S THIS NEW REPORT (N) O	OR AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On: Mar	20 (M2)	M6) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report	(C) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
January 31 Year-End Report	(YE) Election	on on	/	in the State of
July 31 Mid-Yea Report (Non-ele Year Only) (MY)	ction (d) 30-Day	General (30G)	Runoff (30R)	Special (30S)
Termination Rep (TER)		on on/	/ (************************************	in the State of
5. Covering Period	22 2015	through 1	2 3 1 2 0	1 5
Certify that I have examined Type or Print Name of Treas	this Report and to the best of the transport of transport of the transport of the transport of the transport of transport of the transport of transpor	•	is true, correct and complete	е.
Signature of Treasurer	10 m post		Date 0 1 2	0 / 2 0 1 6
NOTE: Submission of false, en	roneous, or incomplete informatio	n may subject the person signi	T	s of 52 U.S.C. § 30109.
Use				PORIVI 3X ev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)		Page 2
Write or Type Committee Name Protect The Second		
	1 M / 6 b / 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	o: 12 3 1 2 0 1 5
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
January 1,		
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 19)		Company of the Compan
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		
'. Total Disbursements (from Line 31)		
3. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
This committee has qualified as a multi	candidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

DETAILED SUMMARY PAGE

of Receipts Page 3 FEC Form 3X (Rev. 06/2004) Write or Type Committee Name Protect The Second м 12 1 0 31 2015 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... 0.0.0 (ii) Uniternized (iii) TOTAL (add 0 0 0 Lines 11(a)(i) and (ii)...... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0 0 0 Party Committees..... 13. All Loans Received 0 0 0 14. Loan Repayments Received..... 0, 0, 0 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0,0,0 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).........

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A	COLUMN B
21	Operating Expenditures:	Total This Period	Calendar Year-to-Date
	(a) Allocated Federal/Non-Federal		
	Activity (from Schedule H4)		
	(i) Federal Share		
	(D. N. E. I. 10)		
	(ii) Non-Federal Share	[
	(b) Other Federal Operating		
	Expenditures	0.0.0	0,0,0
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶		
22	Transfers to Affiliated/Other Party	[0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
۷۷.	Committees		0.00
23.	Contributions to	[
	Federal Candidates/Committees and Other Political Committees	0.00	0.00
24.	Independent Expenditures		
	·	0 0 0	0.00
25.	(use Schedule E)		
	(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	000
	,		
26.	Loan Repayments Made	0.000	0,000
27.	Loans Made		
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.0.0	
	(b) Political Party Committees	0.0.0	0.0.0
	(c) Other Political Committees		
	(such as PACs)	0.0.0	0.00
	(d) Total Contribution Between		
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶		
	(add Lines 20(a), (b), and (c),	0.0.0	<u> </u>
20	Other Disbursements		
	Other Disbursonerits	[1
30.	Federal Election Activity (52 U.S.C. § 30101(20))	
	(a) Allocated Federal Election Activity	<i>"</i>	
	(from Schedule H6)	[
	(i) Federal Share	D D CO D D CO D O D O D	0, 0, 0
	(ii) "Levin" Share	0.00	0_0_0
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.0.0
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.0.0
34	Total Dishurasments (cdd Lines 04/2) 00		
) 1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		<u></u>
22	Total Federal Disbursements		
<i>)</i>	(subtract Line 21(a)(ii) and Line 30(a)(ii)		·
	from Line 31)		
	11011 Little 01/	0.0.0	0.0.0

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN B III. Net Contributions/Operating Ex-COLUMN A **Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)			
I ENIILED NECEIL 12	for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and	Statements may not be sold or used by any p	erson for the purpose of soliciting contributions			
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political committee	e to solicit contributions from such committee.			
>					
/ Protect The Second Full Name (Last, First, Middle Initial)	······································				
		Date of Receipt			
Mailing Address		THE MILE OF A TWENT OF THE			
City	State Zip Code	🚽 lese i italika esta itali			
	·	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	maguer, reunau úlmostnar, a contra g soleto i el greno el compost contra (g			
Name of Employer	Occupation				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	Harris Harris Harris Committee				
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address		MT-M / / 0 - 0 / 1 9 - 4 TV			
City	State Zip Code				
EEC ID number of contributing		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		and the Abelt of the Fred Hall the State of			
Name of Employer	Occupation				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	State that State that				
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address		THEM I DO NOT I THE TOTAL THE			
City	State Zip Code	Amount of Each Reseipt this Period			
FEC ID number of contributing		Amount of Each Receipt this Period			
federal political committee.		The second of th			
Name of Employer	Occupation				
Receipt For:	Aggregate Year-to-Date ▼				
Primary ☐ General Other (specify) ▼	The state of the s				
	the second to the the time of the first				
SUBTOTAL of Receipts This Page (optional)		gel i de de la especia de la completa de la especia de la completa de la especia de la completa de la especia d La completa de la co			
TOTAL This Period (last page this line number	er only)	0.00			
mo i onou has page this line numbe	· · · · · · · · · · · · · · · · · · ·	 In the second of the second of			

SCHEDULE B (FEC Form 3X)		FOR LINE	II IMRER:	PAGE OF			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	R LINE NUMBER: PAGE eck only one)				
•	Detailed Summary Page	21b 27	22 23 28b	24 25 26 28c 29 30b			
Any information copied from such Reports and Statem	Lente may not be sold or used	 	المطلحات المسالحات				
or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)			. <u></u>				
Protect The Second							
/ Protect The Second Full Name (Last, First, Middle Initial)	····		·····				
Α.		1	Date of Disbursemen	t			
Mailing Address			M M / D H D				
Mailing Address			in the second	يُن وه دور دورون			
City	State Zip Code						
Purpose of Disbursement		7 2 3 75 5					
			Amount of Each Disb				
Candidate Name		Category/ Type	A CONTRACTOR OF THE STATE OF TH				
Office Sought: House Disbursen	nent For:	1,700		a 19 da indrian mila kumida -			
	Primary General	1					
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
3.			Date of Disbursemen				
Mailing Address			M M / D D	/ 			
Walling Address							
City	State Zip Code						
Purpose of Disbursement	[;	arryr a girer					
			Amount of Each Disb				
Candidate Name		Category/	· ·				
Office Sought: House Disbursen	nent For:	Туре	- ಟ್ರೀಟ್ - ಕ್ರೊ ಡಿಸಿಕ್ ಕ್ರಿ ಕ್ -	ra gn ed segment in the			
	Primary General						
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)	······································		, ,				
3.			Date of Disbursemen	t			
Mailine Address			M M / D D				
Mailing Address			Arendel Arendel	<u>"</u> <u></u>			
City	State Zip Code						
Purpose of Disbursement	1:	· ,= 5- · ·					
		· ". : <u></u>	Amount of Each Disb	ursement this Period			
Candidate Name		Category/		mag figure, cafegar			
Office Sought: House Disbursen	nent For:	Туре		∾ ూ .జి.్బాబ్ చేసులు			
	Primary General						
State: District:	Other (specify) ▼						
Olate. District.				agri v partitet i			
SUBTOTAL of Disbursements This Page (optional)			ر سر در				
TOTAL This Period (last page this line number only)		······	رځچي ځند و ندځ کې ا	0.0.0			

SCHEDULE (C	(FEC	Form	3X)
LOANS				

NAME OF COMMITTEE (In Full)

Use separate schedule(s)	PAGE	OF
for each category of the Detailed Summary Page	FOR LINE	13 OF FORM 3X
Ele	ection: Primary	
	General	
	Other (specify	•
e		
		Close of This Period
.1		
Interest Rate	_	Secured:
▼ 1. ♦ TO P STORE TO COME		Yes No
	7₀ (apr)	
Name of Employer		
Occupation		<u> </u>

Protect The Second LOAN SOURCE Full Name (Last,	First, Middle Initial)	Election:
(Edoi,	·	Primary General
Mailing Address		Other (specify) ▼
City	State ZIP	Code
*		t To Date Balance Outstanding at Close of This Perio
in the second of		Ÿ. ₹ . ♥
List All Endorsers or Guarantors 1. Full Name (Last, First, Middle I		Name of Employer
	· ,	
Mailing Address		Occupation
City	State ZIP Code	Amount County of the County of
2. Full Name (Last, First, Middle In	itial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Ir	nitial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Ir	nitial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding: The Amount of the Amount o
UBTOTALS This Period This Page (
arry outstanding balance only to LI	NE 3, Schedule D, for this line	e. If no Schedule D, carry forward to appropriate line of Summary.
		, ,

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page _____ of Schedule C

NAME OF COMMITTEE (In Full)			IDENTIFICATION AND	_
TANKE OF COMMITTEE (III Full)			IDENTIFICATION NUMB	EH
		C	C 0 0 5 8 9 9 6 0	
Protect The Second LENDING INSTITUTION (LENDER)			Interest Date (ADD)	\dashv
Full Name	Amount of Loan		Interest Rate (APR)	
- di Nano			%	
	4, 4	·	76	l
Mailing Address		M M	י מ ס <i>י</i> ץ ץ ץ מ ס ע	,]
	Date Incurred or Established			.
Oit.		ММ	/ D D / Y · Y · Y · Y	<i>'</i>
City State Zip Code	Date Due	٠.		
A. Has loan been restructured? No Yes	If yes, date originally incurred	м м	/ b - b / Y Y - Y - Y	ļ
B. If line of credit,	Total			
Amount of this Denue	Outstanding Balance:			
Amount of this Draw:	Balance:	. 7	Same and the second of the sec	
C. Are other parties secondarily liable for the debt incurre	ed?			
No Yes (Endorsers and guarantors mu	ast be reported on Schedule C.)			l
 D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of 	out. Tour obtain, portounal	is the	value of this collateral?	
stocks, accounts receivable, cash on deposit, or other	similar traditional collateral?	- 1		
No Yes If yes, specify:				
			nder have a perfected secu ?	irity
E. Are any future contributions or future receipts of intere				
collateral for the loan? No Yes If yes, s		is the	estimated value?	
				- 1
		′,	· • · · · · · · · · · · · · · · · · · ·	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:			
Date account established:	Address:			
M - M / O O / Y - Y - Y - Y				
	City, State, Zip:			
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	s pledged for this loan, or if the amou was made and the basis on which it	nt pled assure	ged does not equal or exce s repayment.	ed
G. COMMITTEE TREASURER		ATE		
Typed Name		м м	/ 100 100 1 Y TY - Y Y	7
Signature			<u> </u>	
H. Attach a signed copy of the loan agreement.				
I. TO BE SIGNED BY THE LENDING INSTITUTION:				
 To the best of this institution's knowledge, the te are accurate as stated above. 	rms of the loan and other information	regard	ing the extension of the loa	'n
II. The loan was made on terms and conditions (in		e at the	e time than those imposed	for
similar extensions of credit to other borrowers of III. This institution is aware of the requirement that	comparable credit worthiness.	h 000:-	ron renovement and has	
complied with the requirements set forth at 11 C			res repayment, and has	
AUTHORIZED REPRESENTATIVE		ATE		ᅦ
Typed Name			/ "O ~ O" / "Y" Y' Y Y	,
Signature	le		•	

CHEDUL	E D (FEC Form 3X)		(Use separate	e PAGE OF
			schedule(s) for each	
xcluding L	oans		numbered line	I ' ' '
NAME OF CO	MMITTEE (In Full)			
	Protect The	Second		
A. Full Na	me (Last, First, Middle Initial) of Debte	or or Creditor	Nature o	of Debt (Purpose):
Mailing Add	dress			
City	State	Zip Code	_	
Outstand	ling Balance Beginning This Period		<u>. l</u> .	
Α	mount Incurred This Period	Payment This Period	Outsta	anding Balance at Close of This Period
1 :	الأواد ويعام والمراجع والمراجع	ï	-1	· · · · · · · · · · · · · · · · · · ·
B. Full Nan	ne (Last, First, Middle Initial) of Debto	r or Creditor	Nature (of Debt (Purpose):
Mailing Add	dress			
0:1	01-1-	7: 0-4-		
City	State	Zip Code		
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ing Balance Beginning This Period mount Incurred This Period	in Hermond (1944) in die street in value tro- Britania		anding Balance at Close of This Period
C. Full Na	me (Last, First, Middle Initial) of Debt	or or Creditor	Nature o	of Debt (Purpose):
Mailing Add	dress			
City		State Zip Code		
	ling Balance Beginning This Period		1	
	mount Incurred This Period	Payment This Period	Outsta	anding Balance at Close of This Period
* * **	e Maria Armana and Arm	n Hei tze t e y n te eign	- 1	e in edword for the day of engles defined in the con-
1) SUBTOTA	LS This Period This Page (optional)		•	en en e en
2) TOTALS	This Period (last page this line numbe	r only)	<u></u>	00 0
3) TOTAL O	UTSTANDING LOANS from Schedule	C (last page only)	•	0.00
4) ADD 2) at	nd 3) and carry forward to appropriate	line of Summany Page (last page on	hA N	0 0 0

CHEDULE E (FEC Form 3) TEMIZED INDEPENDENT EXPEND					PAGE	OF
					FOR LINE	24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC	IDENTIFICAT	ON NUMBER ▼
				С	C00589	960
Protect The S	e c o n d					
Check if 24-hour report 48-hour r	report New report	ort Amends repo	rt filed on	M - M	/ [D V D] /	**************************************
Fuli Name of Payee			Da	te of Pub	lic Distribution	VDissemination
Ad-lilian Address				MM_	/ D V D	
Mailing Address			Ап	nount		
City	State	Zip Code	-	استانسان		0,0,0
1			50	to of Diel	bursement or	
Purpose of Expenditure	•	Category/				Obligation [TYPYYYYY]
		Type				
Name of Federal Candidate		Support	Office So	ught:	House	District:
		Oppose	Pre	sident	Senate	State:
Calendar Year-To-Date		- 	Disbursen	nent For:	Primar	y General
Per Election for Office Sought		<u>. 0. 0. 9</u>		Other (s	specify) 🕨	
Full Name of Payee			Da	ite of Pub	olic Distribution	n/Dissemination
				M_A_W_	/ D - D	A SARAN
Mailing Address	<u> </u>			نصحا	السحطا ا	
·			An r==	nount		
City	State	Zip Code		 		
}			Da	ite of Dis	bursement or	Obligation
Purpose of Expenditure		Category/		[M [™] M	\ [D0_]	
		Туре	<u> </u>			
Name of Federal Candidate		Support	Office So	ught:	House	District:
		Oppose	Pre	sident	Senate	State:
Calendar Year-To-Date			Disburser	ment For:	Prima	y General
Per Election for Office Sought		<u></u>		Other (specify) ►	
(a) SUBTOTAL of Itemized Independent I	Expenditures	,,,,,,	▶			00
			F			
(b) SUBTOTAL of Uniternized Independent	nt Expenditures		•			0 0 0
,			r			
(c) TOTAL Independent Expenditures			▶ હ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0_0_0
			·			
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	iny candidate or authorized					
			Federal Deer 1		851 <i>(13</i> 55-155	F-V AV
1 cm		_ Date	0-1	2	0 20	16
Sighature				· 1		

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (To be used only by Political Committees in the NAME OF COMMITTEE (In Full)

ON BEHALF OF CANDIDATES FOR FE	DERAL OFFICE	PAGE	OF
(To be used or	nly by Political Committees in the Gen	eral Election) FOR LINE	25 OF FORM 3X
NAME OF COMMITTEE (In Full) Protect The Secon	d	1 5 ii	Check if 4-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee	Full Name of Subordinate Committee		
If YES, name the designating committee:	Mailing Address		
	City	State Z	IP Code
Full Name (Last, First, Middle Initial) of Each Payer	e	Purpose of Expenditure	Category/ Type
Mailing Address		Date	
City Sta	te Zip Code	(M-M) / [D-D] / [~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Name of Federal Candidate Supported Office Sou	ught: House State: District: Presidential	Amount	
Aggregate General Election Expenditure for this Candidate ▶		A second	
Full Name (Last, First, Middle Initial) of Each Payer	е	Purpose of Expenditure	Category/
Mailing Address		Date	Туре
City Sta	te Zip Code	M~M / (0~0) /	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Name of Federal Candidate Supported Office Sol	ught: House State: District: Presidential	Amount	
Aggregate General Election			
Full Name (Last, First, Middle Initial) of Each Paye	e	Purpose of Expenditure	Category/
Mailing Address		Date	Туре
City . Sta	te Zip Code	M-M ' [0-0] ' [
Name of Federal Candidate Supported Office Sol	ught: House State: District: Presidential	Amount	
Aggregate General Election Expenditure for this Candidate ▶			
SUBTOTAL of Expenditures This Page (optional)	>		0.0.0
TOTAL This Period (last page this line number only)			0 0 0

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)		
Protect The Second		
USE ONLY ONE SECTION, A or B		
A. State and Local Party Committees		
Fixed Percentage (select one)		
Presidential-Only Election Year (28% Federal)		
Presidential and Senate Election Year (36% Federal)		
Senate-Only Election Year (21% Federal)		
Non-Presidential and Non-Senate Election Year (15% Federal)		
B. Separate Segregated Funds and Nonconnected Committees		
B. Separate Segregated Funds and Nonconnected Committees		
Flat Minimum Federal Percentage		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below Federal		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below Federal		

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full)		
Protect The Second		
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. 	hod" where the federal pro	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a large allocated using a time/space method.	fit derived by federal candi nunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	. %	%
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SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE OF FOR LINE 18a OF FORM 3X

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iv)	Direct Fundraising (List Activity or Eve	nt Identifier)	
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v)	Direct Candidate Support (List Activity	or Event Identifier)	•
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SCHEDULE H4 (FEC Form 3X) DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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FOR LINE	21a OF	FORM :	3X

	AME OF COMMITTEE (In Full) Protect the So	e cond	
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			Administrative Fundraising Exemp
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	City State Zip Code		Public Comm (ref to party only) by PAC
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	City State Zip Code		Public Comm (ref to party only) by PAC
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		Category/ Type	Date
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	FEDERAL SHARE + NONFEDERAL TAL This Period (last page for each line only)(Federal share to 21(a)(i) an	d NonFederal sh	are to 21(a)(ii))

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	=	С	F		
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ш	GOTV		GOTV
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		. الا دراي عر	CENERIO CANDAICAL ACTIVITY
iv)	Generic Campaign Activity	_	GENERIC CAMPAIGN ACTIVITY
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NAME OF A	ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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II)	Voter ID		
ii)	Total Amount Transferred for Vote	er ID	n Mindre (n. 1905) 1. M indre (Martin)
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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

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ME OF COMMITTEE (In Full)		
Protect The Secon	ı d	
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaig
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		the state of the s
Purpose of Disbursement	Category/ Type	Date
FEDERAL SHARE + LEVIN SH		= TOTAL AMOUNT
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B. Full Name (Last, First, Middle Millar) / Full Organization Name		Voter Registration GOTV Voter ID Generic Campaig
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		
Purpose of Disbursement	Category/ Type	M M / D D / Y Y Y Y Y
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		Voter ID Generic Campaig
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		est in the termination of the end
Purpose of Disbursement	Category/ Type	Date
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BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SI		= TOTAL AMOUNT
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LEVIN SI	HARE	ing the opening of the control of th
TAL This Period for the Levin Share	<u>, </u>	

SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

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MAN	IE OF ACCOUNT			
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE	
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)			
	(b) Unitemized			
•	(c) Total			
2.	OTHER RECEIPTS			
3.	TOTAL RECEIPTS(Add Lines 1c and 2)			
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)			
	(a) Voter Registration			
	(b) Voter ID			
	(c) GOTV			
	(d) Generic Campaign		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5.	OTHER DISBURSEMENTS			
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)			
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	0,0,0	0.0.0	
8.	RECEIPTS(from Line 3)			
9.	SUBTOTAL(Add Lines 7 and 8)	0.0.0	0.0.0	
10.	DISBURSEMENTS	0 0 0	0.0.0	
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)			

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

PAGE OF Use separate schedule(s) FOR LINE NUMBER: for each category of the 1a Aggregation Page (check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Protect The Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code out fact the second control of the second control of Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation English of the Alexander of the Alexander of Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt В. M M / D D / Y - Y - Y Mailing Address Amount of Each Receipt this Period City State Zip Code or or or or or service Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt لأنتجيبها وياك في فراث Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. M M / 6 0 / Y Y Y Y Mailing Address Amount of Each Receipt this Period State Zip Code CALLERY OF THE TOTAL SET Carlon Control to the Street Linearthy Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS	Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: PAGE OF (check only one) 4a 4c 5
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